

Mental Health Transformation Council

MINUTES August 24, 2009

NEXT MEETING: September 21, 2009 2:00 to 4:15

Skylight Conference Room

Attendance

Membership: Michael Hartman, Beth Tanzman, Leslee Tocci, Linda Corey, Paul Dupre, Nick Stanton (for Ed Paquin), Jean New

Guests and members of the public: Nick Emlen, Joanna Cole, Anne Donahue

Staff: Trish Singer, Judy Rosenstreich

Participating in Today's Meeting

Vermont Protection and Advocacy
Vermont Psychiatric Survivors
Counterpoint
Vermont Council of Developmental and Mental Health Services
CRT Council
Department of Mental Health
Advocates, Consumers and Families

Commissioner Updates

Michael Hartman focused the entirety of his remarks on the background and current status of efforts to meet CMS requirements for certification of Vermont State Hospital.

Beginning in March 2003, CMS informed DMH there were issues of concern about rights of patients and active treatment at VSH. CMS planned a site visit. Two suicides less than thirty days apart occurred at the state hospital that year. Significant concern about safety caused CMS to de-certify the hospital. Certification was regained, however, an elopement of a patient on a pre-placement visit was viewed as a system wide failure and VSH was again de-certified. Assessment of the physical plant culminated in a decision to close the hospital, to integrate psychiatry with general medicine, and to improve VSH while planning for its replacement.

DMH pursued improvements to reach accreditation by the Joint Commission. VSH was accredited in summer of 2008. DMH has been engaged with the Department of Justice in fulfilling the requirements of a settlement agreement and, as a result, much progress was made at VSH, including opening a new Treatment Mall. In addition, a SAMHSA grant to reduce seclusion and restraint is supporting this set of goals.

DMH began the process of certification with CMS in March 2008. The finding by CMS, that overhead pipes in the Treatment Mall may be a safety risk for patients, necessitated closing this new

resource for patients. Renovations are addressing this problem. When CMS returned for a second survey, they identified other issues. DMH developed a Plan of Correction in May 2009. It is this plan that has been a source of contention with CMS. DMH has gone back and forth with CMS to remediate the issues and to have the Plan of Correction accepted. At the most recent survey this July, CMS found documentation of a room search by hospital staff indicating that there was toilet paper and other items hidden in the patient's belongings. Also found was a large quantity of prescribed medication, including over-the-counter medication. From the DMH perspective, VSH staff did find the medication, prevented harm to the patient by removing the medication and putting in place observation of the patient to prevent a repeat of the event. The Quality Team at DMH reviewed the incident. DMH did not find it to be caused by a systemic failure and thus took no system wide action. From the perspective of CMS, there was not a system in place to prevent this, additional training was not provided in response to the incident, and a causal analysis of an adverse event was not done.

Michael advised that DMH will take whatever prudent actions are available to appeal CMS denial of certification, while also submitting a new application for certification.

Discussion

Michael's overview of events focused the discussion on questions of the invasive nature of routine and regular searches of patient rooms. Upon admission to VSH, patients are instructed as to what may be considered contraband on the unit, and items belonging to the patient that would be available on the unit are searched. From that point forward, searches are done only for cause. To do searches without cause does not foster patient trust or create a respectful and engaging relationship with patients. On occasion, when the risk of harm outweighs a patient's privacy, it is necessary to be more invasive to reduce risk.

Transformation Council members suggested establishing a uniform, baseline standard of oversight of patients' belongings that is fair and just while reserving a more rigorous standard temporarily for an individual patient if warranted due to higher risk considerations. Also, informing patients in advance if necessary to do a more sweeping search and why.

PUBLIC COMMENT

There are various perspectives (DMH, CMS, L&P) of the events resulting in CMS denial of certification, commented Anne Donahue. How to reduce the risk of prohibited items in patients' rooms without overly intrusive surveillance was not discussed following the incident, according to the letter from CMS. Licensing and Protection has said that they are willing to discuss how to strike that balance. The standard has to be based on acuity level because some psychiatric patients have higher risks than others. Failure to apply an individualized standard has impacted the quality of care for less acute patients.

Discussion

The sustained effort that has gone into the certification effort was noted. This is at the same time Vermont is developing a VSH successor program. Equally challenging is that VSH has been increasing in census for the past few months. In fact, twice this month VSH was full and could not accept referrals from other hospitals although there were empty beds at other designated hospitals.

Second Spring has had less of an impact at relieving pressure on VSH than originally thought. This is due to a changing risk assessment in the local designated hospitals as a result of stricter CMS survey standards regarding patients who may harm themselves or others, leading to more referrals from local hospitals. Despite taking about 40 admissions from VSH since opening in May 2007, the resulting decline in the state hospital census after Second Spring became fully operational was relatively brief.

Other Items

There were no updates to share from the Vermont Council.

Preparations for the opening of Meadowview, the staff secure recovery residence in Brattleboro, are nearly complete. The program may open in time for an update at the September meeting of the Transformation Council.

The Transformation Council spoke to the positive help that the Patient Representative at VSH could provide if more fully utilized. Council members expressed that VSH need be more open to this position. Linda Corey noted that the peer role at the new Meadowview staff secure recovery residence may not be as strong a presence as peers have had at Second Spring.

Transformation Council membership

Michael repeated his call for suggestions of potential new members for the Transformation Council, inviting people to submit names for consideration. He asked members and guests at today's meeting to give this thought and contact him with their recommendations.

The meeting adjourned at 4:10 p.m.

SUBMITTED BY: Judy Rosenstreich
judy.rosenstreich@ahs.state.vt.us